

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/				51					
2			/				52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10			/				60					
11			/				61					
12			/				62					
13			/				63					
14			/				64					
15			/				65					
16			/				66					
17	/		/				67					
18			/				68					
19			/				69					
20			/				70					
21			/				71					
22			/				72					
23			/				73					
24			/				74					
25			/				75					
26			/				76					
27			/				77					
28			/				78					
29			/				79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			3				TOTAL IND.					
TOTAL DEP.			4				TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					